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FALLON POLICE DEPT.

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CLERK'S OFFICE

CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406
Phone: (775) 423-5104
Fax: (775) 423-8874

LIQUOR LICENSE APPLICATION

Application Type: ☐ New ☒ Owner Change ☒ Manager Change ☐ Location Change

Applicant Name: Carmichael Ernestine (Last / First / MI) Application Date: 3/21/24

Title: Phone: 775-225-4525

Date of Birth: [redacted] Driver's License Number: [redacted]

State: NV

List all addresses in which you have resided at for the past five (5) years.

Begin/End	Physical Address	City	State	Zip
- Present	1190 Yucca Ln	Fallon	NV	89406

Business Entity Type: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ DBA ☐ Corporation ☒ Association ☐ Other:

Business Name: Oasis Adult Softball

Business Owner(s):

Name	Address	Title
Ernestine Carmichad	1190 Yucca Ln Fallon	President

Business Address: 447 North Maine st Fallon NV 89406 (City / State / Zip)

Provide a brief description of the portion to be occupied by the establishment for which the license is sought:
Snack bar on sight owned by city of fallon.

Is the premises to be licensed leased by the applicant? ☐ Yes ☒ No

Name of the owner of the premises: Fallon NV City of fallon

Name of the owner's authorized agent, if any:

What type of license for which the application is made: ☐ Retail (Off Premises) ☒ Drinking Establishment (On Premises)

Have you owned or managed any other business? ☐ Yes ☒ No

updated 5/9/19

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If Yes, list the business(es) you have owned or managed.

Begin/End	Name	Address	City	State	Zip
May 13, 24					

Have you ever been issued a business or a liquor license? ☐ Yes ☒ No

If Yes, when? _____ What Agency? _____

Have you ever had a business or liquor license revoked? ☐ Yes ☒ No

If Yes, when? _____ What Agency? _____

Have you ever been denied a business or liquor license? ☐ Yes ☒ No

If Yes, when? _____ What Agency? _____

Have you received any specialized training for serving alcoholic beverages? ☐ Yes ☒ No

If Yes, explain: _____

Have you ever been arrested? ☐ Yes ☒ No

If Yes, provide the following information:

Date	Charge	Arresting Agency	Disposition

List five (5) references **not related** to you with daytime phone numbers:

Name	Phone	Relationship
Christine McMahanny	217-6689	friend
Amanda Barbato	294-1192	friend
Elizabeth Blondheim	775-530-8301	friend
Lisa Allen	775-741-4762	friend
Jerry Allen Sheriff Pershing	775-741-7276	friend

I declare under penalty of perjury that the foregoing is true and correct:

1. That I have received and read a copy of Chapter 5.08 of the Fallon Municipal Code – Alcoholic Beverage Sales;
2. That upon approval of a Liquor License, I will conduct the business and business establishment in accordance with the provisions of the laws of the State of Nevada, the United States, and the ordinances of the City of Fallon applicable to the conduct of business; and
3. That the above information is true and correct to the best of my knowledge and belief and that such declaration is made with the full knowledge that any failure to disclose, misstatement, or other attempt to mislead may be considered sufficient cause for denial of a business license.

Applicant's Signature

CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406
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AUTHORIZATION AND RELEASE

I, Ernestine Carmichael, authorize the Fallon Police Department to perform a background check and to release the results of said investigation, which may include information of a confidential or privileged nature, to the City Council in public documents and/or discussion at a public meeting.

Applicant's Signature

OFFICIAL USE ONLY

City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police			
Engineering/Building Department			
Attorney's Office			
City Clerk's Office			
Fallon/Churchill Fire Dept			

Conditions required for approval: _____

Recommendation for application: Approve Approve with Conditions Disapprove

OFFICIAL USE ONLY:

Account No.	License No.	Payment Received By:

FALLON POLICE DEPARTMENT
55 West Williams Avenue
Fallon, Nevada 89406-2941
775-423-2111
Fax: 423-6527

Ron Wenger
Chief of Police

April 17, 2024

On March 21, 2024, the Fallon Police Department received an application for a City Liquor License from Mrs. Ernestine Carmichael of 1190 Yucca Lane, Fallon, Nevada 89406. Mrs. Carmichael is seeking a city liquor license for the Association President change of Oasis Adult Softball, which does business at 447 North Maine Street in the City of Fallon.

A review of Mrs. Carmichael's references was all very favorable, with all speaking very highly of Mrs. Carmichael.

I have performed a basic criminal background check which included the Fallon Police Local Database and CPClear. I found that Mrs. Carmichael has no reported criminal activity. I have concluded that Mrs. Carmichael has passed the basic background check.

Mrs. Carmichael was also provided with a copy of the applicable Fallon Municipal Codes and Nevada Revised Statutes so she could hold trainings with her on-site supervisors.

I have also provided a supplemental form in which Mrs. Carmichael signed on April 17, 2024 indicating that she understands her responsibilities as they relate to the laws regarding underage drinking.

Sincerely,

John C Riley 2038

John C Riley

Captain

Liquor License Application Interview Supplement

APPLICANT Ginestine Carmichael **DATE** 4/17/24

BUSINESS NAME – Oasis Adult Softball ass.

I (will/will not) be the on-site supervisor. Ashley Marran / Gladys Werle

If not, the on-site supervisor will be _____

I understand that if the on-site supervisor changes, I am responsible to notify the City Clerk's Office. Initials EC

as

I acknowledge that as the license holder, I am personally responsible for what is sold at the store. Initials EC

I further acknowledge that as the license holder, I am responsible for alcohol sales from the business and may be held personally responsible for alcohol sales that violate any law or ordinance. Initials EC

I have received, read and understand the Liquor and Business License requirements within the Fallon Municipal Code and agree to abide by those requirements. Initials EC

Witness: ~~Ronald D Wenger, Chief of Police~~

John C. Riley, Captains